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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO
09/829,292	04/09/2001	Carl D. Dvorak	29794/37078A 6873 EXAMINER	
4743	7590 06/07/2005			
	L, GERSTEIN & BOR	STIMPAK, JOHNNA		
233 S. WACKER DRIVE, SUITE 6300 SEARS TOWER		ART UNIT	PAPER NUMBER	
CHICAGO, IL 60606			3623	

DATE MAILED: 06/07/2005

Please find below and/or attached an Office communication concerning this application or proceeding.

	Application No.	Applicant(s)					
Office Action Summans	09/829,292	DVORAK ET AL.					
Office Action Summary	Examiner	Art Unit					
	Johnna R Stimpak	3623					
The MAILING DATE of this communication appears on the cover sheet with the correspondence address Period for Reply							
A SHORTENED STATUTORY PERIOD FOR REPLY IS SET TO EXPIRE 3 MONTH(S) FROM THE MAILING DATE OF THIS COMMUNICATION. - Extensions of time may be available under the provisions of 37 CFR 1.136(a). In no event, however, may a reply be timely filed after SIX (6) MONTHS from the mailing date of this communication. - If the period for reply specified above is less than thirty (30) days, a reply within the statutory minimum of thirty (30) days will be considered timely. - If NO period for reply is specified above, the maximum statutory period will apply and will expire SIX (6) MONTHS from the mailing date of this communication. - Failure to reply within the set or extended period for reply will, by statute, cause the application to become ABANDONED (35 U.S.C. § 133). Any reply received by the Office later than three months after the mailing date of this communication, even if timely filed, may reduce any earned patent term adjustment. See 37 CFR 1.704(b).							
Status							
1) Responsive to communication(s) filed on 09 Ap	oril 2001.						
<u> </u>							
3) Since this application is in condition for allowan	3) Since this application is in condition for allowance except for formal matters, prosecution as to the merits is						
closed in accordance with the practice under Ex parte Quayle, 1935 C.D. 11, 453 O.G. 213.							
Disposition of Claims							
. 4)⊠ Claim(s) <u>1-34</u> is/are pending in the application.							
4a) Of the above claim(s) is/are withdrawn from consideration.							
5) Claim(s) is/are allowed.							
6)⊠ Claim(s) <u>1-34</u> is/are rejected.							
7) Claim(s) is/are objected to.		·					
8) Claim(s) are subject to restriction and/or	8) Claim(s) are subject to restriction and/or election requirement.						
Application Papers							
9) The specification is objected to by the Examiner.							
10)⊠ The drawing(s) filed on <u>09 April 2001</u> is/are: a)⊠ accepted or b)⊡ objected to by the Examiner.							
Applicant may not request that any objection to the drawing(s) be held in abeyance. See 37 CFR 1.85(a).							
Replacement drawing sheet(s) including the correction is required if the drawing(s) is objected to. See 37 CFR 1.121(d).							
11)☐ The oath or declaration is objected to by the Exa	aminer. Note the attached Office	Action or form PTO-152.					
Priority under 35 U.S.C. § 119							
12) Acknowledgment is made of a claim for foreign priority under 35 U.S.C. § 119(a)-(d) or (f). a) All b) Some * c) None of: 1. Certified copies of the priority documents have been received. 2. Certified copies of the priority documents have been received in Application No. 3. Copies of the certified copies of the priority documents have been received in this National Stage							
application from the International Bureau (PCT Rule 17.2(a)).							
* See the attached detailed Office action for a list of the certified copies not received.							
Attachment(s)							
Notice of References Cited (PTO-892) 4) Interview Summary (PTO-413)							
Notice of Praftsperson's Patent Drawing Review (PTO-948) Information Disclosure Statement(s) (PTO-1449 or PTO/SB/08) Paper No(s)/Mail Date 2/3/03,11/24/04.	Paper No(s)/Mail Da	te atent Application (PTO-152)					

DETAILED ACTION

1. The following is a first office action upon examination of application number 09/829,292. Claims 1-34 are pending and have been examined on the merits discussed below.

Claim Rejections - 35 USC § 112

- 2. The following is a quotation of the second paragraph of 35 U.S.C. 112:
 - The specification shall conclude with one or more claims particularly pointing out and distinctly claiming the subject matter which the applicant regards as his invention.
- 3. Claim 4 is rejected under 35 U.S.C. 112, second paragraph, as being indefinite for failing to particularly point out and distinctly claim the subject matter which applicant regards as the invention. It is not clear whether all recited hierarchies must be present or if at least one of the hierarchies must be present. For purposes of examination, the claim is interpreted as reciting at least one must be present. Further clarification is requested.

Claim Rejections - 35 USC § 102

4. The following is a quotation of the appropriate paragraphs of 35 U.S.C. 102 that form the basis for the rejections under this section made in this Office action:

A person shall be entitled to a patent unless -

- (a) the invention was known or used by others in this country, or patented or described in a printed publication in this or a foreign country, before the invention thereof by the applicant for a patent.
- 5. Claims 1-7 and 9-34 are rejected under 35 U.S.C. 102(a) as being anticipated by Ralston et al, US 6,389,454.

As per claim 1, Ralston teaches receiving via the electronic network an appointment scheduling request from a service recipient (column 4, lines 35-49 – the client (service recipient)

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accessing a scheduling system by connecting to a central schedule server wherein the client provides information for scheduling an appointment); determining an authorization of the service recipient to submit the appointment scheduling request (column 4, lines 35-49 – the client enters a predetermined access code in order to access the scheduling facilities); identifying a preauthorized scheduling ticket for the service recipient, the pre-authorized scheduling ticket including appointment scheduling information (column 4, lines 50-57 – the client specifies preferred date, time and location of appointment); providing to the service recipient an appointment proposal in accordance with the appointment scheduling information (column 6, lines 17-23 – the client receives an appointment date and time from the facility providing the service); and applying a set of rules to the appointment request to determine if the requested appointment is allowed (column 4, lines 57-64 – client information is verified prior scheduling the appointment including insurance information).

As per claim 2, Ralston teaches the set of rules comprises a rule selected from the group of rules including: type of patient, patient insurance, referral, provider preference, past patient history and co pay requirements (column 4, lines 57-64 – client information is verified prior scheduling the appointment including insurance information; column 5, lines 1-15 – other constraints used to schedule include precedence rules defining a sequence of certain procedures based on the patient history).

As per claim 3, Ralston teaches the set of rules comprises a hierarchy of rules (client insurance must be verified prior to scheduling based on the type of patient; column 4, lines 57-64 – client information is verified prior scheduling the appointment including insurance

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information; column 5, lines 1-15 – other constraints used to schedule include precedence rules defining a sequence of certain procedures based on the patient history).

As per claim 4, Ralston teaches the hierarchy comprises a hierarchy selected from the group of hierarchical levels including: system or facility, department, provider and rule (client insurance must be verified prior to scheduling based on the type of patient (these are rules in a hierarchy since one must be performed prior to the next); column 4, lines 57-64 – client information is verified prior scheduling the appointment including insurance information; column 5, lines 1-15 – other constraints used to schedule include precedence rules defining a sequence of certain procedures based on the patient history).

As per claim 5, Ralston teaches the set of rules is predetermined (column 4, lines 57-64 – client information is verified prior scheduling the appointment including insurance information).

As per claim 6, Ralston teaches a rule of the set of rules is dynamic (column 5, lines 1-15 – other constraints used to schedule include precedence rules defining a sequence of certain procedures based on the patient history; these rules are dynamic since scheduling of the appointment is based on each individual patient. For example a patient with braces cannot be scheduled for an MRI, but one without braces can be).

As per claim 7, Ralston teaches the step of determining an authorization of the service recipient includes authorizing a user initiated scheduling process when a scheduling ticket is not located (column 6, lines 52-55 – the system allows for walk-in patients to receive services).

As per claim 9, Ralston teaches the step of verifying the preauthorization scheduling ticket (column 5, lines 17-50 – the system must verify date and time of scheduled appointment to be sure staff, facility, equipment, etc., are available).

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As per claim 10, Ralston teaches verifying the pre-authorization scheduling ticket comprises checking at least one of the group of checks including: availability of self-scheduling for the service recipient, validity of the pre-authorized scheduling ticket, and availability of requested appointment slots (column 5, lines 17-50 – the system must verify date and time of scheduled appointment to be sure staff, facility, equipment, etc., are available).

As per claim 11, Ralston teaches the step of identifying a pre-authorized scheduling ticket for the service recipient comprises receiving the appointment scheduling information from the service provider (column 5, lines 17-50 - communication is made with the service provider to determine availability of facilities at the preferred date and time)

As per claim 12, Ralston teaches a self-scheduling server coupled to the electronic network for secure communications therewith, the self-scheduling server adapted to receive appointment scheduling requests from the service recipient securely via the electronic network (column 4, lines 35-49 – the client (service recipient) accessing a scheduling system by connecting to a central schedule server wherein the client provides information for scheduling an appointment); a self-scheduling server including a processor, the processor being coupled to a rule base, to a scheduling database, and to receive the appointment scheduling request (column 5, lines 1-50 – rules or constraints used to schedule certain procedures based on patient information and the server generates appointments by accessing facility data and client data to determine date and time for the appointment; also column 4, lines 35-49 – the server is accessed by the client to request an appointment); and wherein the processor is operable upon the appointment scheduling requests to authorize the appointment scheduling request, to send appointment schedule information to the scheduling database for inclusion therein and to send an appointment

acknowledgement to the service recipient securely via the electronic network (column 4, lines 55-61 – appointment is verified by checking insurance data; column 5, lines 17-50 – the server receives scheduling information and send it to the central scheduling server to generate a schedule and column 5, lines 61-67 – communication is made to the client to confirm appointment information).

As per claim 13, Ralston teaches the scheduling database includes preauthorization scheduling information associated with the service recipient (column 4, lines 55-61 – appointment is verified by checking insurance data).

As per claim 14, Ralston teaches the pre-authorization scheduling information comprises a pre-authorized scheduling ticket (column 4, lines 35-67 – the client enters scheduling information along with personal data which makes up a packet of client information that is used to schedule the appointment).

As per claim 15, Ralston teaches the pre-authorization scheduling ticket is automatically generated within the scheduling database (column 4, lines 35-67 – the client enters scheduling information along with personal data which makes up a packet of client information that is used to schedule the appointment – the packet is generated by the system as the client enters information).

As per claim 16, Ralston teaches the scheduling database includes information associated with the service recipient is manually entered through a user initiated scheduling process (column 4, lines 35-64 – the client must enter personal information into the system, inherently this is done manually since the client is prompted to enter the information).

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As per claim 17, Ralston teaches the system is part of an enterprise healthcare management system (column 4, lines 6-16 – the system is used for scheduling medical treatment, inherently part of a healthcare management system).

As per claim 18, Ralston teaches the rule base contains a set of rules (column 5, lines 1-15 – other constraints used to schedule include precedence rules defining a sequence of certain procedures based on the patient history).

As per claim 19, Ralston teaches the set of rules comprises the group of rules including: type of patient, patient insurance, referral, provider preference, past patient history, and co pay requirements (column 4, lines 57-64 – client information is verified prior scheduling the appointment including insurance information; column 5, lines 1-15 – other constraints used to schedule include precedence rules defining a sequence of certain procedures based on the patient history).

As per claim 20, Ralston teaches the set of rules comprises a hierarchy of rules (client insurance must be verified prior to scheduling based on the type of patient; column 4, lines 57-64 – client information is verified prior scheduling the appointment including insurance information; column 5, lines 1-15 – other constraints used to schedule include precedence rules defining a sequence of certain procedures based on the patient history).

As per claim 21, Ralston teaches the hierarchy comprises a hierarchy selected from the group of hierarchical levels including: system or facility, department, provider and rule (client insurance must be verified prior to scheduling based on the type of patient (these are rules in a hierarchy since one must be performed prior to the next); column 4, lines 57-64 – client information is verified prior scheduling the appointment including insurance information;

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column 5, lines 1-15 – other constraints used to schedule include precedence rules defining a sequence of certain procedures based on the patient history).

As per claim 22, Ralston teaches the set of rules is predetermined (column 4, lines 57-64 – client information is verified prior scheduling the appointment including insurance information).

As per claim 23, Ralston teaches a rule of the set of rules is dynamic (column 5, lines 1-15 – other constraints used to schedule include precedence rules defining a sequence of certain procedures based on the patient history; these rules are dynamic since scheduling of the appointment is based on each individual patient. For example a patient with braces cannot be scheduled for an MRI, but one without braces can be).

As per claim 24, teaches a self-scheduling server coupled to the patient health record server, the enterprise information server and to the electronic network for secure communications therewith, the self-scheduling server adapted to receive appointment scheduling request from patients via the electronic network (column 4, lines 35-49 – the client (service recipient) accessing a scheduling system by connecting to a central schedule server wherein the client provides information for scheduling an appointment); a processor within the self-scheduling server, the processor including a rule base (column 5, lines 1-50 – rules or constraints used to schedule certain procedures based on patient information); and wherein the processor is operable upon the appointment scheduling requests to authorize the appointment scheduling request, to send appointment schedule information to the enterprise healthcare information management system for inclusion in the enterprise information database and to the patient health record server for inclusion in the patient health record database, and to send and appointment

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acknowledgment to the patient via the electronic network (column 4, lines 55-61 – appointment is verified by checking insurance data; column 5, lines 17-50 – the server receives scheduling information and send it to the central scheduling server to generate a schedule and column 5, lines 61-67 – communication is made to the client to confirm appointment information).

As per claim 25, Ralston teaches pre-authorization scheduling information associated with the patient is stored in at least one of the enterprise information database and the patient health record database (column 4, lines 35-67 – client information is inherently stored in an information database since it is recalled for scheduling of the appointment).

As per claim 26, Ralston teaches the pre-authorization scheduling information comprises a pre-authorized scheduling ticket (column 4, lines 35-67 – the client enters scheduling information along with personal data which makes up a packet of client information that is used to schedule the appointment).

As per claim 27, Ralston teaches the pre-authorization scheduling ticket is automatically generated by the enterprise healthcare information management system (column 4, lines 35-67 – the client enters scheduling information along with personal data which makes up a packet of client information that is used to schedule the appointment – the packet is generated by the system as the client enters information).

As per claim 28, Ralston teaches the appointment scheduling requests are manually generated by the patient through a user initiated scheduling process, and communicated to the system via the electronic network (column 4, lines 35-64 – the client must enter personal information into the system, inherently this is done manually since the client is prompted to enter the information).

As per claim 29, Ralston teaches the rule base contains a set of rules (column 5, lines 1-15 – other constraints used to schedule include precedence rules defining a sequence of certain procedures based on the patient history).

As per claim 30, Ralston teaches the set of rules comprises the group of rules including: type of patient, patient insurance, referral, provider preference, past patient history, and co pay requirements (column 4, lines 57-64 – client information is verified prior scheduling the appointment including insurance information; column 5, lines 1-15 – other constraints used to schedule include precedence rules defining a sequence of certain procedures based on the patient history).

As per claim 31, Ralston teaches the set of rules comprises a hierarchy of rules (client insurance must be verified prior to scheduling based on the type of patient; column 4, lines 57-64 – client information is verified prior scheduling the appointment including insurance information; column 5, lines 1-15 – other constraints used to schedule include precedence rules defining a sequence of certain procedures based on the patient history).

As per claim 32, Ralston teaches the hierarchy comprises a hierarchy selected from the group of hierarchical levels including: system or facility, department, provider and rule (client insurance must be verified prior to scheduling based on the type of patient (these are rules in a hierarchy since one must be performed prior to the next); column 4, lines 57-64 – client information is verified prior scheduling the appointment including insurance information; column 5, lines 1-15 – other constraints used to schedule include precedence rules defining a sequence of certain procedures based on the patient history).

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As per claim 33, Ralston teaches the set of rules is predetermined (column 4, lines 57-64 – client information is verified prior scheduling the appointment including insurance information).

As per claim 34, Ralston teaches a rule of the set of rules is dynamic (column 5, lines 1-15 – other constraints used to schedule include precedence rules defining a sequence of certain procedures based on the patient history; these rules are dynamic since scheduling of the appointment is based on each individual patient. For example a patient with braces cannot be scheduled for an MRI, but one without braces can be).

Claim Rejections - 35 USC § 103

- 6. The following is a quotation of 35 U.S.C. 103(a) which forms the basis for all obviousness rejections set forth in this Office action:
 - (a) A patent may not be obtained though the invention is not identically disclosed or described as set forth in section 102 of this title, if the differences between the subject matter sought to be patented and the prior art are such that the subject matter as a whole would have been obvious at the time the invention was made to a person having ordinary skill in the art to which said subject matter pertains. Patentability shall not be negatived by the manner in which the invention was made.
- 7. Claim 8 is rejected under 35 U.S.C. 103(a) as being unpatentable over Ralston et al, US 6,389,454.

As per claim 8, Ralston teaches the system is capable of allocating facilities and resources to clients who seek services without an appointment, i.e., walk-in clients, but does not explicitly teach the step of applying a more restricted set of rules when an appointment is scheduled through the user initiated scheduling process, however it is old and well known that a walk-in patient must be scheduled so that each patient with an appointment receives service first, with walk-in patients being fit in during cancellations or down time between appointments.

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Therefore it would have been obvious to one of ordinary skill in the art at the time of the invention that scheduling for a walk-in patient would incur a more restricted set of rules since there would be fewer time slots and resources to schedule with. By using a more restricted set of rules for the walk-in patient, the facility would ensure optimal scheduling by utilizing facilities and resources without cutting into scheduled appointment times. This would ensure a more efficient scheduling process.

Conclusion

8. The prior art made of record and not relied upon is considered pertinent to applicant's disclosure.

Cummings, Jr. et al., US 6,345,260 – scheduling interface system and method for medical professionals

Joao, US 6,283,761 – apparatus and method for processing and/or for providing healthcare information and/or healthcare-related information

Crane, US 5,748,907 – medical facility and business: automatic interactive dynamic realtime management

Ilsen et al, US 6,757,898 – electronic provider-patient interface system

Ho, Chrwan-jyh et al, Introducing variable-interval appointment scheduling rules in service systems

Beckham, J. Daniel. The engine of choice

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9. Any inquiry concerning this communication or earlier communications from the

examiner should be directed to Johnna R Stimpak whose telephone number is 571-272-6736.

The examiner can normally be reached on M-F 8am-4:30pm.

If attempts to reach the examiner by telephone are unsuccessful, the examiner's supervisor, Tariq Hafiz can be reached on 571-272-6729. The fax phone number for the

organization where this application or proceeding is assigned is 703-872-9306.

Information regarding the status of an application may be obtained from the Patent

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may be obtained from either Private PAIR or Public PAIR. Status information for unpublished

applications is available through Private PAIR only. For more information about the PAIR

system, see http://pair-direct.uspto.gov. Should you have questions on access to the Private PAIR

system, contact the Electronic Business Center (EBC) at 866-217-9197 (toll-free).

JS 5/27/05

SUPERVISORY RATENT EXAMINER

TECHNOLOGY CENTER 3600